

**NATIONAL
MIRECC
EDUCATION GROUP**

**Mental Illness Research,
Education and Clinical
Centers**

Volume 1, Issue 1
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Meeting the MIRECCs

by Michael R. Kauth, VISN 16 MIRECC, and Robyn Walser, VISN 21 MIRECC

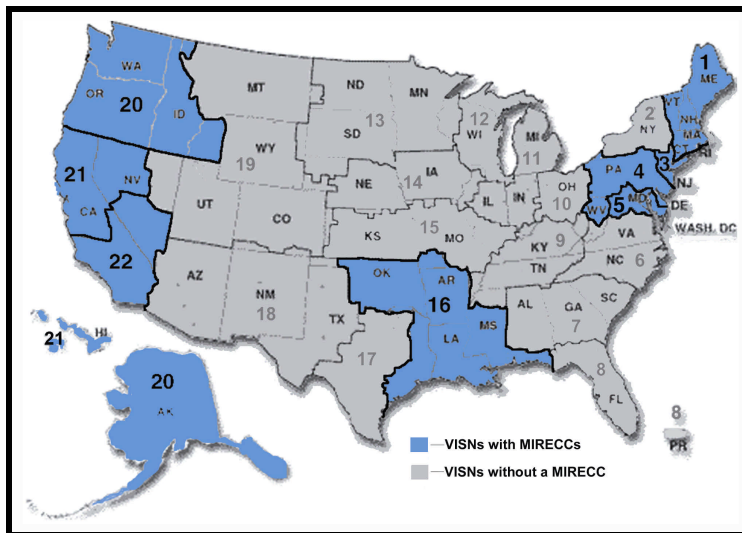
Welcome to the first national newsletter of the *Mental Illness Research, Education, and Clinical Centers* (MIRECCs), a program of the Veterans Health Administration. This newsletter, published by the MIRECC Education Units, is the first collaborative effort of the eight MIRECCs. Our primary goal for this issue is to introduce the MIRECCs to clinicians, educators, researchers, hospital and Network administrators in the VA and its academic affiliates, key stake holders, and congressional policy makers, as well as to veterans and mental health advocates.

The first MIRECCs were funded in Veterans Integrated Service Network (VISN) 1, VISN 20, and VISN 22 in 1997. VISN 3, VISN 16, and VISN 21 were awarded funding in 1998 with VISN 4 and VISN 5 receiving MIRECCs in 1999.

MIRECCs are specially funded, Network-wide centers that are charged with developing state-of-the-art interdisciplinary research in mental illness and designing and testing innovative clinical treatments in the VA.

Specifically, MIRECC efforts focus on expanding the basic science knowledge base, conducting clinical trials, improving service care delivery, and enhancing treatment effectiveness. The *ultimate* goal of the MIRECCs is to improve clinical standards of care for veterans, and all Americans, who experience mental illness. Each MIRECC has an emphasis on one or more psychiatric

MIRECCs. The education units are designed to disseminate current state-of-the-art clinical knowledge as well as new information gained from MIRECC research investigations, thus, linking mental health research to clinical practice. The education units serve as a natural bridge between MIRECCs and also link the MIRECCs to other VISNs that do not have a MIRECC.



Map of the Veterans Integrated Service Networks (VISNs)

disorders that affects veterans, such as schizophrenia, posttraumatic stress disorder, substance abuse, and dementia and behavioral disorders among the elderly. (See *Summary Table of MIRECCs*, page 3).

Education is also a *significant* focus for the

In brief, MIRECC-driven education shares cutting-edge clinical information and treatment materials with front line clinicians, conducts staff education through local and regional programs, provides direct patient education, and publicizes new research find-

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ings in varied and accessible formats, such as professional conferences, newsletters, web sites, and email. MIRECC education functions to enhance, rather than replace, current education programs at local VA medical facilities.

In future issues of this newsletter, you will read about exciting new findings generated from MIRECC research. In addition, each issue will spotlight one of the eight MIRECCs and summarize its ongoing research and upcoming education events.

As educators, we want to use this newsletter to establish a productive *partnership* with mental health clinicians, researchers, administrators, and mental health advocates with the goal of improving treatment for veterans, and all Americans, who experience mental illness.

Department of
Veterans Affairs





New Treatments Make a Difference for Vet

by Louise Mahoney, VISN 22 MIRECC

Frank Baron is an articulate, bright, technically savvy, 40 year-old male veteran and former US Naval Officer with a degree in Architectural Engineering from a highly respected polytechnic institute. Upon meeting Frank at a gathering of mental health professionals and consumer advocates, he appeared a well-dressed and confident participant in discussions on care for individuals with mental illness. Not intimidated by the group of M.D.s, Ph.D.s, and consumer advocates in the room, Frank spoke eloquently and passionately about the need for additional inpatient hospital beds at his local VA Medical Center. In watching Frank speak, one would not guess that his authority and conviction come from being a patient. Frank has schizoaffective disorder, a biologically based brain disorder, affecting a small proportion of individuals. Although Frank's symptoms are now well controlled, the illness has changed the course of his life dramatically.

Prior to his first massive psychotic break in 1989, Frank worked as a civil engineer, a job requiring skill in high-level mathematics, long hours at a computer, and intense concentration. These were tasks suited to Frank's

technical abilities and training. However, after treatment, Frank was unable to resume his job as an engineer due in large part to the limitations imposed on him by the illness, but also because of the stigma associated with mental illness and the lack of accommodations for the special needs of such individuals.

When Frank first became ill, his employer-sponsored health insurance covered the hospital bills and other treatment costs. After quickly reaching the lifetime limit for mental health coverage, he was forced to seek treatment elsewhere. This was fortuitous for Frank. As a veteran, he was eligible to receive unlimited mental healthcare through the West Los Angeles VA Healthcare System. Two of his VA psychiatrists, Dr. Stephen Marder and Dr. William Wirshing, are active in anti-psychotic drug research and are VISN 22 MIRECC researchers. They were able to provide him with an effective treatment plan. As Frank puts it, "the VA saved my neck!"

Frank's previous medication regime included three different medications: a mood-stabilizer, an anti-depressant, and an anti-psychotic. Yet, Frank still suffered major psychotic episodes and re-

hospitalizations. His VA prescribed treatment included clozapine, a newer antipsychotic drug, and training on how to recognize the signs of an impending psychotic episode. For the past five years, Frank has been able to control his illness and prevent re-hospitalization.

After successfully managing his psychotic symptoms with clozapine, and wanting once again to be working, but not capable of working in the engineering field, Frank enrolled in a pharmacy technician training program. He successfully completed the program and worked briefly in the field. Although clozapine has controlled the "positive" symptoms of Frank's illness, such as hallucinations, remaining "negative" symptoms included poor concentration and sluggish thinking. Working with the public and with young, energetic co-workers in a time-sensitive job proved to be too stressful for Frank. He quit his job as a pharmacy technician and turned his energies to mental health advocacy, joining several advocacy groups as well as becoming a member of the Institutional Review Board at the West Los Angeles VA. Frank has traveled to Washington DC as a patient representative with members of the American Psychiatric As-

sociation academic consortium and has met with congressional representatives to discuss issues related to funding of mental health research. Frank is vocal and articulate when it comes to policy issues affecting the mentally ill and is actively looking for opportunities to increase his involvement in mental health advocacy on a national level. His letters to the editor have been published in the Los Angeles Times, and he has appeared in a PBS documentary.

Frank is just one person who has benefited



Frank Baron at NAMI Veterans' committee meeting

from treatment with novel anti-psychotic medications, but his story is not unique. Many other veterans, like Frank, have benefited as well. Frank and others stand to benefit from new discoveries by MIRECC researchers in brain-based disorders like

(Continued on page 3)

MIRECCs NATIONWIDE

<http://www.mirecc.org> or <http://www.mirecc.org/other-mireccs.shtml>

VISN 1

Improve care for veterans with combined mental illness and drug or alcohol dependence (dual diagnosis)

Bruce Rounsaville, M.D., Director
West Haven, Connecticut
(203) 932-5711 x7401

VISN 16

Close the gap between what research demonstrates is possible with mental health treatments and what actually occurs in clinical practice

Greer Sullivan, M.D., M.S.P.H., Director
No. Little Rock, Arkansas
(501) 257-1713

VISN 3

Investigate causes and effective treatments for veterans with serious mental illness

Larry Siever, M.D., Director
Bronx, New York
(718) 584-9000 x3704

VISN 20

Investigate the neurobiology and clinical treatment of major mental disorders in veterans, including schizophrenia, PTSD, and agitation in Alzheimer's Disease

Murray A. Raskind, M.D., Director
Seattle, Washington
(206) 768-5375

VISN 4

Advance health care of patients suffering concurrently from physical, mental and/or substance abuse disorders

Ira Katz, M.D., Ph.D., Director
Philadelphia, Pennsylvania
(215) 349-8226

VISN 21

Match treatments to personal characteristics among veterans with PTSD and veterans with Alzheimer's Disease and related dementias

Jerome Yesavage, M.D., Director
Palo Alto, California
(650) 852-3287– <http://mirecc.stanford.edu>

VISN 5

Improve the quality of care available to veterans with schizophrenia and their families

Alan S. Bellack, Ph.D. ABPP, Director
Baltimore, Maryland
(410) 605-7451

VISN 22

Improve the functional outcomes of individuals with psychotic mental illness

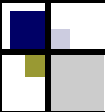
Stephen R. Marder, M.D., Director
Los Angeles, California
(310) 268-3647

New Treatments Make a Difference for Vet

(Continued from page 2)

schizophrenia. Current research by MIRECC investigators seeks to identify neural structures and pathways implicated in schizophrenia, which will facilitate tailoring clinical and behavioral treatments for maximal benefit. Critical research is also underway to improve adherence

to medical and psychosocial regimes among the chronically mentally ill to improve treatment efficacy and patients' quality of life. Finally, MIRECC investigators are examining how changes in service delivery can enhance access to treatment. In short, recent establishment of the MIRECCs has fueled a new wave of mental health clinical research, and people like Frank will be the winners!



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